

ACCOUNT # _____
(Utility Billing Dept. to Complete)

**LOW INCOME DISABLED AND LOW INCOME SENIOR CITIZEN
APPLICATION AND AFFIDAVIT FOR
REDUCTION IN WATER, SEWER, METRO AND STORM DRAIN RATES***

In support of my application, I do attest and certify that the following statements are true:

1. ☐ I am 62 years of age or older. My spouse's name is _____. My spouse's age is _____.
OR
☐ I am over 18 years of age and totally and permanently disabled and I attach herewith a copy of my Social Security Income (SSI).
2. Are you? _____ Single _____ Married/Co-Tenants _____ Divorced/Separated _____ Widowed
3. Do you? _____ Rent house _____ Own house _____ Rent apt./condo _____ Own condo
4. I further attest that the residence is billed on a separate meter and I pay for such billing directly.
5. How many people live in the household? _____ Names: _____
6. The combined total income from all sources of all such residents meets the income requirement: _____ Yes _____ No
(Please see income guidelines on back of application)
7. I further agree to file with this affidavit a copy of my most recent income tax return or the most current bank statements for the last two months. If a renter, I further agree to provide a copy of an executed lease agreement which specifies the terms of the lease and that the lessee is responsible for the payment of the utilities.
8. I promise that I will promptly notify the City in writing if I should move from the above residence or in the event of any change in my financial condition that would disqualify me from receiving the special rates for utility services.
9. I further promise to promptly repay the City for any undercharges that have been made if it is determined that I am not qualified.
10. I further agree to provide the City with such additional information about my income and residence as may be requested from time to time in order to establish eligibility.

The credit shall only be allowed from and after the date that the citizen makes application for this credit. The City shall not be liable for the failure of any qualified person to make application for the credit and there shall be no entitlement to such credit in the absence of an application therefore.

AFFIDAVIT

I swear that all of the above statements are true and correct to the best of my knowledge.

Applicant Name (printed)	Applicant Signature	Date
Staff Name (printed)	Staff Signature	Date

*as authorized by RCW 74.38.070 and the City of Redmond Ordinance 1976

Eligibility Income Requirements:

Low Income Senior Citizen: Means the head of a single-family household as defined by Internal Revenue Service regulations who has attained the age of 62 years and whose total income from all sources, including that of his or her spouse or cotenant, does not exceed the amount specified in RCW 84.36.381(5)(b)(i), currently \$24,000 or less.

Low Income Disabled Citizen: Means a person qualifying for special parking privileges under RCW 46.16.381(1)(a) through (f), a blind person as defined in RCW 74.18.020, or a disabled, handicapped, or incapacitated person as defined under any other state or federal program and whose total income including that of his or her spouse or cotenant does not exceed the amount specified in RCW 70.164.020(4) as now or hereafter amended. Currently household income must be at or below one hundred and twenty-five percent of the federally established poverty level.

Size of Family	Poverty Guidelines	Qualifying Income for Utility Discount
1	\$9,310	\$11,637.50
2	\$12,490	\$15,612.50
3	\$15,670	\$19,587.50
4	\$18,850	\$23,562.50
5	\$22,030	\$27,537.50